



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

PRACTICAL HINTS



NOTES OF A DISTRICT NURSE.—There are always many little surgical infections with our street children. Bare feet cut with glass and stones or punctured with nails rarely escape without some cellulitis more or less intense; fingers with small wounds full of dirt, arms and legs ditto,—for these conditions I never see any treatment so satisfactory as the continuous wet dressing. For the first application use a disinfectant of strength suited to the patient. For an adult or large child we wring the compress out of weak bichloride or carbolic—1 to 5,000 of the former or one per cent. of the latter. For small children we use Thiersch's or boric solution. I apply a thick wet compress of gauze, larger than the inflamed area. This is snugly covered in with oiled muslin or silk or rubber tissue.

The important point is now to insure its being kept wet, and for this bit of care on the part of the mother or the patient I leave one point uncovered by the oiled protective or cut in it a small fenestrum or opening. If it is an infected finger, I leave the tip of the finger free from the oiled silk, though covered with gauze and bandage; if it is a heel, a narrow strip on the upper surface of the foot; or if an arm or leg, a round opening in the protective shows where the water is to be poured on with a teaspoon. As people cannot be trusted with disinfectants we simply teach them to use water that has been boiled in the teakettle. Boys and girls attend to this bit of technique for themselves very nicely, and enjoy the interest of it. Of course, gauze bandages must be used, as muslin ones would not allow the openings to be seen or the water to penetrate easily.

We see much of more serious infections under circumstances which make one realize the importance of the Consumers' League movement to certify cleanly and sanitary conditions for the making of garments. Not long ago I was called to a case of post-diphtherial paralysis. The child had gone through its illness in a tenement, and piled in each corner of the room where it was ill were the new-made garments on which its parents worked. They were simply covered with old pieces of muslin. In this case the Board of Health had been notified and work was stopped. However, there are many such cases where infection is spread in this way before the health officers get around, or where the men of the family go daily to the sweat-shop from the home where a child has scarlet fever or measles. Another case I visited was a child almost entirely covered with a repulsive skin disease of specific character. Purulent discharge and dry scaling both characterized little Toni, who played continuously in the room where his father and mother worked at cloth garments. He had suffered for two months thus without treatment and without dressings to protect or to prevent contamination. When we think of the way these cases are isolated in the hospital we cannot but wonder why our wonderfully perfect technique there does not spread more rapidly to the procedures of everyday life. Does not an aseptic clothing factory seem as necessary as an aseptic dressing-room in hospital? Perhaps the future will see beautiful, light, and sunny rooms, where our ready-made clothing will be made by operatives dressed

in surgical gowns, who have opportunity of taking a bath before they begin their work, and can give proof of having no infectious diseases at home.

CONSUMPTION THE MOST DANGEROUS COMMUNICABLE DISEASE.—At the meeting of the National Conference of Charities and Correction in Detroit, June 2, 1902, Dr. Baker, secretary of the Michigan State Board of Health, said: "Not one of the common so-called 'contagious' diseases is usually contracted by simple contact of the unbroken surface of a human body with the surface of an infected human body. Therefore the term 'contagious,' implying, as it does, the spread of disease by contact, should be obsolete. A much better term is the single word, 'communicable.'

"Of all communicable diseases consumption (pulmonary tuberculosis) is now the most dangerous. More people contract that disease than any other. Therefore anything, any statement, or any influence which belittles the importance of restricting the spread of consumption does damage in the most vital point to the interests of the public health and safety.

"Improper housing and improper feeding of the poor are important evils to be done away with, because they lead to discomfort and lowered vitality, and tend to spread disease. But if the germs of tuberculosis were generally restricted, any amount of lowered vitality because of improper housing and improper food would not cause a single case of consumption.

"The essentials for the restriction of consumption are: first, the general recognition of the truth that consumption is the most dangerous communicable disease. Knowledge of that fact is the power without which consumption cannot be restricted. It is lack of action because of ignorance of this great truth—that consumption is spread from infected persons—that kills off the improperly housed and improperly fed poor. It is ignorance of that great truth that kills off the rich by tubercular disease, in spite of proper housing and proper feeding.

"It is the slow but gradual gaining of that precious knowledge by the common people, and action governed by that knowledge, that is reducing the mortality from consumption, as it is being reduced in Michigan.

"In order to be most useful to the public, it is essential that this important knowledge shall be gained by and shall govern the action of every coughing consumptive, who otherwise is a constant source of danger. Therefore the consumptive should be promptly put in possession of that knowledge. This first essential cannot be fulfilled by the public unless every case of well-developed consumption shall be reported to the health officer. Every case reported should be promptly informed how to avoid reinfection of the patient and spreading the disease."

